

FILED APR 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7767

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 371	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph			
d. FULL NAME OF HOSPITAL OR INSTITUTION 633 Powell Street				d. STREET ADDRESS (If rural, give location) 633 Powell Street			
3. NAME OF DECEASED (Type or Print)		a. (First) William		b. (Middle) ***		c. (Last) Ryan	
4. DATE OF DEATH		Mar ch 20, 1950					
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 7		8. DATE OF BIRTH May 8, 1874		9. AGE (In years last birthday) 75	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Moulder - Locomotive		10b. KIND OF BUSINESS OR INDUSTRY Finished Material		11. BIRTHPLACE (State or foreign country) Co. Ottawa, Illinois,		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Ryan		13b. MOTHER'S MAIDEN NAME Ellen Charleston		14. NAME OF HUSBAND OR WIFE Nellie Ryan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) ***** 491-10-1455		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss. Blanch Ryan St. Joseph, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Acute Coronary Occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Infarction</u> DUE TO (c) <u>Arteriosclerosis, general</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  42 1	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3-7-50, 19, to 3-20, 1950, that I last saw the deceased alive on 3-18-50, 19, and that death occurred at 5:20P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Louis B. Meierhoff, M.D.</u>				23b. ADDRESS <u>907 Edmund St. St. Joseph, Mo.</u>		23c. DATE SIGNED <u>3/21/50.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 5		24b. DATE Mar. 25, 1950		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) Atchison, Kansas.	
DATE REC'D BY LOCAL REG. Mar 28, 1950		REGISTRAR'S SIGNATURE <u>L. B. Meierhoff</u> 382		FUNERAL DIRECTOR'S SIGNATURE <u>Walter Meierhoff</u>		ADDRESS 1946 Colhoun St. St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \*\*\*\*\*

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Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Raymond D. Morehead*

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.